

# Kentucky Department of Insurance

Provider Information Packet  
For Continuing Education and  
Pre-Licensing Education



Administrative Services Provided by Prometric

**PROMETRIC™**

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# Kentucky Department of Insurance Provider Information Packet

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# Kentucky Department of Insurance Provider Information

## Packet

### Introduction

This information packet contains the information required for course Providers to become approved, register instructors, and have their courses approved for Kentucky Insurance Continuing Education and Pre-Licensing Education.

Prometric administers this program in partnership with the Kentucky Department of Insurance (Department).

Providers and courses must be approved by Prometric before courses may be taught for credit.

**Providers must submit courses for approval at least 60 days before their first presentation.**

Approvals for Providers are perpetual and need not be renewed. Continuing education courses and instructors are valid from the date of approval to the end of the biennium period on July 1 on even numbered years and must be renewed at the end of each biennium by the affiliated provider. Course renewal notices will be sent 60-90 days before expiration.

Pre-licensing courses and instructors are valid from the date of approval to the end of the biennium period on July 1 in odd-numbered years and must be renewed at the end of each biennium by the affiliated provider. Course renewal notices will be sent 60-90 days before the expiration.

Course approval applications will be reviewed and approved or disapproved within 30 days of receipt by Prometric. Incomplete submissions may delay the review process. Courses are considered received when all necessary materials are received by Prometric and the appropriate fees received by the Kentucky Department of Insurance. **Incomplete submissions may result in disapproval.** Samples of acceptable and unacceptable outlines are included.

Prometric also administers reviews of pre-licensing courses for the Department. To be approved, a Pre-Licensing course must cover the subject matter included in the Department's current study outlines or their equivalent for the specific lines of authority or for life settlement and rental vehicle managing employee pre-licensing training as required by 806 KAR 9:001.

The pre-licensing courses for agents and life settlement brokers must include 20 hours of actual training for each line of authority, less breaks, lunch, and exam or quizzes. One hour of credit equals sixty (60) minutes of classroom instruction.

Pre-Licensing courses must be filed with and approved by Prometric prior to use. **To be considered for approval, the filing must clearly indicate whether it is a Continuing Education course or a Pre-Licensing course. All course and instructor submissions should be sent to:**

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

Any of the materials in this packet may be photocopied.

**Fees:**

|                                 |      |                                       |                      |
|---------------------------------|------|---------------------------------------|----------------------|
| Pre-licensing course filing fee | \$50 | Pre-licensing course renewal fee      | \$50                 |
| Pre-licensing instructor fee    | \$ 5 | Pre-licensing instructor renewal fee  | \$ 5                 |
| CE course filing fee            | \$10 | CE Course accreditation / renewal fee | \$ 5 per credit hour |
| CE instructor registration fee  | \$ 5 | CE instructor renewal fee             | \$ 5                 |

**\*CE Course filing fee is \$10 per course plus \$5 per credit hour approved.**

**Continuing Education Course**

A nonrefundable fee of **\$10** for **each course** filing must be submitted through eServices Provider account, or with Form KYF-01. Check or money order should be made payable to **Kentucky State Treasurer**. After review and assignment of the number of credit hours, Prometric will bill the provider **\$5 per credit hour approved**. Approval of the course will not be granted until all fees are paid to the Department of Insurance. 806 KAR 9:220 Section 2 (2)

A nonrefundable fee of **\$5** for **each instructor** must be submitted through eServices Provider account or with Form KYF-01.

**Pre-Licensing Course**

A nonrefundable fee of \$10 for each course must be submitted through eServices Provider account or with Form KYF-01. Check or money order should be made payable to **Kentucky State Treasurer**.

A nonrefundable fee of \$5 for each instructor must be submitted through eServices Provider account or with Form KYF-01.

You may use the Fee Worksheet to prepare your payment.

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**Providers may submit payments through eServices account or complete and submit original form KYF-01 with required fees to:**

**Kentucky Department of Insurance  
Education Section, Licensing Division  
P.O. Box 517  
Frankfort, KY 40602-0517**

The Kentucky Department of Insurance offers electronic services through their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>. All fees may be paid on this secured site. Electronic Check, Visa, MasterCard, Discover and American Express are accepted.

**Do not send fees to Prometric**

The course and instructor information along with a copy of the completed KYF-01 must be submitted to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

This Provider Packet and other CE information are also available through Prometric's Website: **[www.prometric.com](http://www.prometric.com)**. Providers may download the forms from the Website to prepare applications. **Providers can also enter and edit course offering schedules using the Prometric Website.**

Schedules for all course offerings must be sent to Prometric **before** the course is offered. Changes and cancellations must be sent to Prometric as soon as known and, in all instances, before the scheduled date.

Providers must make their electronic roster submissions to the Department through KY eServices account within 30 calendar days of the course's completion.

Providers must provide a course completion certificate to each student who successfully completes any continuing education course. The original Certificate of Completion (form CE-301) must be electronically submitted to the Department of Insurance and retained for five years as proof of completion of correspondence or self-study courses. The Roster (form CE-300) must be completed by the provider for all classroom-style CE courses, submitted electronically to the Department of Insurance within thirty days, and retained for five years (806 KAR 9:220, Section 6).

Kentucky participates in the **NAIC Uniform CE Reciprocity Agreement** and has extended the provisions of the agreement to **all** states relative to continuing education courses. If you are a Provider in any state outside of Kentucky, you may submit course approval applications based on this reciprocity. See the instructions on page 20 for details.

Complete details about requirements for licensees can be viewed on the Kentucky Department of Insurance Website: **<http://insurance.ky.gov>**.

For more information, contact Prometric

Phone: **800.786.3926 (8:00 A.M. to 6:00 P.M. Eastern time)**

Fax: **800.735.7977**

E-mail: **[Pro.ce-services@prometric.com](mailto:Pro.ce-services@prometric.com)**

Website: **[www.prometric.com](http://www.prometric.com)**

**In order to better serve you, the Kentucky Department of Insurance offers electronic services ("eServices") available at their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>.**

**Some of the services available are:**

- **Course and Instructor Fee Payment**
- **Enter Continuing Education Attendance Rosters**
- **Enter Pre-Licensing Education Attendance Rosters**
- **View Instructors**
- **View Pre-License Course Information**
- **View Course Name (which also provides course attendance data)**
- **Continuing Education Course/Instructor Renewals (available January - June of even years)**
- **Pre-Licensing Course/Instructor Renewals (available January - June of odd years)**
- **Order Laws & Regulations Book**

**Electronic Check, Visa, MasterCard, Discover and American Express may be used on the secured site.**

## Kentucky Department of Insurance Program Requirements for Providers

**These requirements have been adopted by the Kentucky Department of Insurance. Failure to comply with the program requirements may result in the suspension or termination of the Provider's authorization to offer courses.**

1. Courses being provided to Kentucky residents by any provider charging a fee, whether directly or by reimbursement methods, **must be approved by the Kentucky Commission on Proprietary Education** to offer educational type courses in the state. Contact the Commission on Proprietary Education at **502.564.4185** or go to the Website at <http://kcpe.ky.gov> for assistance.
2. All requests for approval of new or revised courses must be submitted at least 60 days before the initial offering of the course.
3. Providers must publish and make their refund policy and course materials (outlines, syllabi, handouts, etc.) available to students. Refund policy is to be submitted with Provider approval application.
4. Only courses approved by Prometric may be offered for Kentucky CE or Pre-Licensing credit. No course may be conducted for credit until approval has been received in writing.
5. No course may be advertised or otherwise promoted as appropriate for Kentucky credit until it has been approved in writing.
6. When a course has been approved for continuing education or pre-licensing credit and is advertised as such, the advertisement shall include:
  - The Provider name and course title;
  - The number of approved credits hours;
  - The type of licensee for whom the course would be most applicable; and
  - All fees and associated expenses.
7. Once approved, a course may not be substantially altered without a new application (including fee) being submitted to and approved by Prometric. A substantial alteration is any change that would modify the content or time allocations stated in the course outline or would change any of the course topics. A change in the focus of a course where all or significant portions are based on a particular concept (ISO policy form, policy type, etc) would be considered substantial. A change to update a minor point (change in Medicare deductibles, changes in estate tax limits, etc.) would not be considered substantial.
8. Fifty (50) minutes will qualify for one CE credit hour. Registration, coffee and lunch breaks, and social hours do not qualify for CE credit. Breaks and their duration must be indicated on the outline. It is suggested that a ten-minute break be allowed for each 50 minutes of instruction or a 15-minute break after one and a half hours of instruction. For programs lasting six hours or more, a lunch break of at least 30 minutes is suggested.
9. Sixty (60) minutes will qualify for one Pre-Licensing hour. Registration, coffee and lunch breaks, and social hours do not qualify for credit. Breaks and their duration must be indicated on the outline.
10. No partial hours will be awarded.

11. Providers must inform Prometric of the date, time, and location of each classroom course **prior** to presenting. Further, Providers must notify Prometric immediately when a change is made in date, time, and/or location and in all instances before the scheduled date. Failure to inform Prometric may result in courses being denied approval or current approvals being revoked.
12. Providers of **pre-licensing** courses **for agents** must provide the student the original Certificate of Pre-licensing Course Completion, Form CPL-01, documenting the applicant's successful completion of the course. The Department must have this certification before the Department will process the agent's application.
13. All classroom courses must have attendance verified through periodic roll call, sign-in/sign-out sheet, attendance and door monitor tickets, or other approved means of taking attendance. Only students meeting attendance requirements may receive credit for course completion. Attendance records must be retained for **five** years.
14. Providers of CE courses are required to report course completion rosters on form CE-300, through eServices, within 30 calendar days of course completion; and retain original course rosters and certificates of completion for at least five years. Providers must distribute course completion certificates (form CE-301) to all individuals who meet the requirements of the CE course within 30 days of its completion. (806 KAR 9:220, Section 6)
15. Providers should make students aware that licensees cannot receive CE credit for both a self-study (examination) course and a classroom course based on the same published materials.
16. Licensees will earn credit only once for a course completed in the current biennium regardless of the number of times the same course is taken.
17. Course reviews are based on material received with the application. Applications that are incomplete, unclear, or lacking in detail are subject to disapproval.
18. To be approved for ethics credits, the course content must be devoted solely to ethics content. Ethics content will not be approved in combination with other content areas.
19. For classroom courses, credit for time spent on review quizzes or exams covering approved material will be provided only if immediate feedback or discussion is provided to the participants.
20. Students attending classroom courses in preparation for a professional designation exam may receive credit for the classroom hours or exam but not both.
21. For courses to qualify, they must:
  - Have substantial intellectual or practical content to enhance and improve the knowledge and professional competence of participants;
  - Be developed by persons who are qualified in the subject matter and instructional design;
  - Have current course content;
  - Have a written outline and study materials or texts;
  - Be taught by instructors qualified through training or experience to instruct course competently and
  - Have a means of evaluating quality.

22. The following subjects/topics may qualify for continuing education: insurance, annuities, Kentucky insurance laws and regulations, mathematics, statistics, probability, economics, business law, finance, taxes, business environment, management, or organization, account/policy rating, insurance coverage/plans, advanced underwriting, estate financial planning, risk management, employee benefit plans, loss prevention and control, errors and omissions/malpractice loss prevention, assigned risk, claims procedures, policy replacement, taxation, pensions and profit sharing and ethics.
23. The following are not approved **CE** courses:
- courses used to prepare for taking an insurance license exam;
  - courses used for Pre-License Training;
  - Committee service of professional organizations;
  - courses in **1)** computer science; **2)** motivational; **3)** sales training or marketing; **4)** psychology courses; or **5)** prospecting.
24. Courses conducted as videoconferences must be submitted as classroom courses. A registered instructor must be present to respond to questions. A list of all locations must be submitted with the schedule.
25. Applications for self-study courses must include a copy of all materials that a student must study in order to pass the exam. The materials may be in the form of paper, diskette, CD or other electronic medium. In addition, a word count excluding glossaries, indexes, tables of contents and appendices must be included. If the required materials and information are not included, the course may be disapproved. A copy of one version of the exam must be submitted with the course materials. Self-study exams must contain at least 25 questions. The number of questions must increase proportionately as the amount of material increases up to suggested maximum of 75 questions for very large courses. It is suggested that all questions should be four-alternative multiple choice or completion format and that the use of True/False questions be avoided.
26. Self-study examinations must be consistent with the course as approved by Prometric. The proposed exam will be approved as part of the course approval process. The exam may be open book and does **not** require a proctor. **However, the exam should not have the ability to be printed or launched prior to review the course material.** Course materials are required to be submitted with the application. Credit hours are determined by the estimated study time adjusted by the percent of the course content that is acceptable as CE. Credit will be allowed only if the student passes the exam with a score of 70 percent or higher.
27. Self-study courses presented via the Internet must adhere to the same requirements as other self-study methods. The exam may be presented via the Internet. Providers must provide Prometric with the means to verify the exam procedures.
28. Course Providers must allow representatives of Prometric and/or its designees, and employees of the Department and/or its designees, in an official capacity, to audit classroom course instruction, course materials, instructors' presentations, course records, records of examination, attendance rosters, and other aspects of instruction. They may not be hindered, obstructed, delayed, or interfered with while conducting or attempting to conduct an audit. Audits will be conducted with a minimum of disruptions. Auditors may attend any course offered for the purpose of the audit without paying any fee. Providers grant Prometric and the Department the right to audit and/or inspect course records at the premises of the Provider or at the physical location of the records.
29. Providers must keep all records of enrollments, records of examination, course records, and requests for duplicate course completion certificates on file for five years. These records must be available to Prometric or the Department upon request.



30. Providers will periodically conduct an evaluation of their courses and instructors.
31. Providers must report to the Department any disciplinary action taken against that provider by another state licensing authority.
32. Each semester hour of credit from a **college or university** will be assigned fifteen (15) hours of continuing education credit. Each hour of a non-credit course shall be counted as one hour of continuing education credit.
33. A **correspondence or independent study course** will be approved in accordance with the National Association of Insurance Commissioner's "Recommended Guidelines for Online Courses." 806 KAR 9:220 Section 3(2).
34. Certain CE courses may be approved as **Correspondence Towards Designation** and will be credited as classroom study, due to the intensity of the material. The course must be required in order to obtain an insurance-related degree (i.e., CLU) and prior approved as such.
35. **Webinar** courses must follow standard classroom policies in addition to the below stated rules:
  - Must be submitted as classroom courses
  - Final exams are not required for webinars
  - Each offering must specify whether that offering is a Webinar or a live location.
  - Providers must have a process to determine when a participant is inactive or not fully engaged, such as when the screen is minimized or the participant does not answer the polling questions or verification codes.
  - For webinars not given in a group setting, no less than two polling questions and/or attendance verification codes must be asked, with appropriate responses provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
  - Students in all locations must be able to interact in real time with the instructor and should be able to submit questions and/or comments at any point during the webinar session.
  - The provider must have a procedure that informs the students in advance of the course participation requirements and consequences for failing to actively participate in the course.

## **Kentucky Department of Insurance Appeal Procedures**

Occasionally, a Provider may dispute the outcome of an approval application or the findings of an audit. If a disagreement arises, the Department recommends the following procedures be followed in the sequence listed below.

1. Call Prometric and discuss the disagreement with an Evaluator/Auditor, who will discuss the findings and try to resolve the issue by phone.
2. If the dispute cannot be resolved by phone, write the reason(s) for disagreement and reconsideration of the decision. Prometric will respond to your appeal within 15 business days. Send appeals to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

3. If you disagree with Prometric's response to your written appeal, you should then address your appeal, in writing, to the Kentucky Department of Insurance. State your reason for disagreeing with the Prometric response and include copies of any correspondence. Your appeal will be reviewed and responded to within 15 business days of receipt. Send your appeal to:

**Kentucky Department of Insurance  
Education Section, Licensing Division  
P.O. Box 517  
Frankfort, KY 40602-0517**

# **Kentucky Department of Insurance**

## **Instructions for Completing the Provider Approval Application**

Organizations or individuals providing insurance pre-licensing or continuing education for Kentucky credit **must be reviewed** by Prometric. Prometric will assign a Provider number that will allow courses and instructors to be tracked by Provider.

You may apply as a Provider when you send your first course for review. Courses being provided to Kentucky residents by any provider charging a fee, whether directly or by reimbursement methods, **must be approved by the Kentucky Commission on Proprietary Education** to offer educational type courses in the state. Contact the Commission on Proprietary Education at **502.564.4185** or go to the Website at <http://kcpe.ky.gov> for assistance.

### **Completing the Approval Form**

#### **Provider Name**

Print or type the full legal name of the organization providing the education.

#### **Names and Titles of Owners or Officers**

List all individuals who have a significant financial interest in your organization. For partnerships, list all partners. For corporations, name all officers, as well as any shareholders, who have a 25 percent or greater interest.

#### **Address**

A complete street address, including zip code, is required. A post office box may also be provided.

#### **Contact Person and Title**

Please provide the name and title of one individual with whom we should communicate for all business matters. Where several people may be applicable, give the name of the one who knows the contact person for each type of issue that may arise.

#### **Voice Phone**

Provide the voice phone number where the contact person may be reached. Also provide a fax number and e-mail address.

#### **URL**

Provide your URL (Website address). Prometric will provide a link to your Website on the list of approved courses available to the public.

#### **How Long in Business**

Provide the number of years your organization has been in the business of providing courses.

#### **FEIN**

Provide your organization's Federal Employer Identification Number. Applications will not be processed without this number.

## Type of Organization

Check the type that best describes your organization. A Professional Organization is a not-for-profit association of insurance professionals whose primary function is to foster professionalism through training, fellowship, and communication. Insurance Agency includes independent and exclusive agencies, wholesalers, E & S brokers, and MGAs. A Training Company offers courses of training to insurance professionals. An Insurance Company is an insurer, a company that underwrites and issues policies.

## Former Names and Locations

If your organization has ever operated under a different name, list all names. If a sole proprietorship or partnership, indicate the names of all training companies that the proprietor or any partner has been a proprietor, partner, or held at least a 50 percent ownership interest. If a corporation, for each owner who holds at least 50 percent of the voting stock, please list all training companies that any of these owners have been proprietors, partners, or have held at least 50 percent of the voting stock.

## Certification

You must certify that your organization will abide by all Kentucky laws and Insurance regulations, policies, and program requirements regarding insurance education. This certification must be signed by the sole proprietor, a general partner, or an officer.

## Submission

Submit the approval form, refund policy (see page 4, item 3), along with a copy of the completed KYF-01 to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

***Payment should be made to Kentucky State Treasurer and sent to the Kentucky Department of Insurance with the original completed KYF-01.***

***OR Pay Fees through eServices***

The Kentucky Department of Insurance offers electronic services through their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>. All fees may be paid on this secured site. Electronic Check, Visa, MasterCard, Discover and American Express are accepted.

***Use the Fee Worksheet on page 26 to prepare your payment.***

**Do not send fees to Prometric**

**Kentucky Department of Insurance**  
**Continuing Education/Pre-Licensing Program**  
**Provider Approval Application**

☐ Continuing Education

☐ Pre-Licensing

**PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.**

|  |                                     |                |                |
|--|-------------------------------------|----------------|----------------|
| Provider Name  |                                     | Prometric Use  |                |
| Names and Titles of Owners or Officers (list below)  |                                     |                |                |
| Name   |                                     | Title          |                |
|  |                                     |                |                |
|  |                                     |                |                |
|  |                                     |                |                |
| Address  |                                     |                |                |
| City   |                                     | State          | ZIP            |
| Contact Person   |                                     | Title          |                |
| Voice Phone #:   | Ext.                                | Fax #:         | E-mail Address |
| URL:<br>Website address  | How long have you been in business? |                | FEIN           |
| Type of Organization: <input type="radio"/> Professional Organization <input type="radio"/> Training Company<br><input type="radio"/> Insurance Agency/Brokerage/Wholesaler <input type="radio"/> College/University <input type="radio"/> Government Entity<br><input type="radio"/> Insurance Company  |                                     |                |                |
| Providers who charge a fee must include approval from the Kentucky Commission on Proprietary Education. See Website at <a href="http://kcpe.ky.gov">http://kcpe.ky.gov</a>   |                                     |                |                |
| Have you operated under any other name? <input type="radio"/> Yes <input type="radio"/> No<br>If yes,  |                                     |                |                |
| Name   |                                     | Address        |                |
|  |                                     |                |                |
|  |                                     |                |                |
| I attest that I have read the Provider requirements for Kentucky Pre-License Training or Continuing Education Providers and agree to abide by them and will abide by Kentucky insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those requirements applicable to instructors. I am aware that any failure to abide by the requirements may result in the termination of this Provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn. |                                     |                |                |
| _____<br>Applicant's Signature   |                                     | _____<br>Date  |                |
| _____<br>Print or Type Name  |                                     | _____<br>Title |                |

KYP-01 (7/2013) Return this original completed form to Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236.  
 Send a copy of this form to Kentucky Department of Insurance, P.O. Box 517, Frankfort, KY 40602-0517.

**Kentucky Department of Insurance**  
**Instructions for Completing the Instructor Approval Application Form**  
**to be Submitted by Provider**

Courses approved for Kentucky credit must be taught by approved instructors. Instructors must be approved by each Provider whose class(es) they teach and be submitted for approval with Prometric. Instructors will earn CE credit once per two-year licensing period for a course they teach.

**Completing the Form**

**Provider Information—to be completed and certified by Provider**

**Provider Name**

Print or type the full legal name of the organization providing the education.

**Provider Number**

Enter the Provider number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

**Provider Attestation**

Print or type your name and sign and date the form to attest that all of the information provided on the form is an accurate representation of the instructor's education and experience. The Provider representative's signature certifies that the instructor meets these minimum requirements:

1. At least three years' working experience in the subject matter being taught; or
2. Related degree or designation in the subject matter of course being offered; or
3. Combination of both related to subject matter of course being offered.

**Instructor Information—must be certified as correct by instructor. Information must be entered on this form, not included as an attachment. Include a resume or biography that specifies work experience in the subject matter being taught.**

**Name(s)**

Type or print the full legal name of the certified instructor in the name block. In the block below, list maiden name, former married name(s), and/or any aliases that have been used.

**Instructor Number**

Type or print the instructor identification number if one has already been assigned by Prometric for another Provider or state, otherwise leave blank.

**Home Street Address**

Provide home street address; a post office box alone is not acceptable.

**Phone Numbers**

Provide a daytime business phone number.

**Qualifying as an Instructor**

Indicate at least two items that best describe your qualifications to be an instructor.

### **Professional Designation(s)**

List all insurance-related professional designations that the instructor holds. The full meanings of the acronyms listed on the form are given below. If the instructor lists a designation not on the list, please provide acronym, the full title, and the granting institution.

|       |  |
|-------|--|
| AAI   | Accredited Advisor in Insurance, Insurance Institute of America                            |
| ARM   | Associate in Risk Management, Insurance Institute of America                               |
| CEBS  | Certified Employee Benefits Specialist, International Foundation of Employee Benefit Plans |
| CFP   | Certified Financial Planner, The American College  |
| ChFC  | Chartered Financial Consultant, American College of CLU                                    |
| CIC   | Certified Insurance Counselor, Society of Certified Insurance Counselors                   |
| CLU   | Chartered Life Underwriter, American College of CLU  |
| CPCU  | Chartered Property & Casualty Underwriter, American Institute of CPCU                      |
| FLMI  | Fellow, Life Management Institute, Life Department Management Association                  |
| LUTCF | Fellow, Life Underwriter Training Council  |
| RHU   | Registered Health Underwriter, The American College  |

### **Specialized Experience**

List any specialized experience in a specific subject matter. Include the number of years of experience and the degree designated to the instructor.

### **Certification**

Print or type the instructor's name. The instructor must sign and date the form to certify that all of the information provided on the application is an accurate representation of the instructor's education and experience. Furthermore, the instructor certifies agreement to abide by applicable Kentucky laws, regulations, and program requirements.

### **Submission**

Send instructor forms to Prometric at least ten days before the first course the instructor teaches. Forms must be signed and dated by Provider's representative and by the instructor. Send the form, the resume or biography along with a copy of the KYF-01 to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

**Do not send fees to Prometric**

Send the original completed KYF-01 and fees payable to the Kentucky State Treasurer to:

**Kentucky Department of Insurance  
Attn: Education Section  
P.O. Box 517  
Frankfort, KY 40602-0517**

**OR Pay Fees through eServices**

The Kentucky Department of Insurance offers electronic services through their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>. All fees may be paid on this secured site. Electronic Check, Visa, MasterCard, Discover and American Express are accepted.

Providers are to provide all instructors with the Kentucky Department of Insurance Program Requirements included in this Provider packet.

## O Pre-Licensing Instructor

|   |           |                 |
|---|-----------|-----------------|
| Provider Name   |           | Provider Number |
| <p>I attest that the information on this form is true and correct to the best of my knowledge. It accurately represents at least the minimum qualifications required to be met by the individual named on this form as an instructor. Further, the individual named as an instructor has been approved by this Provider</p> |           |                 |
| Print/Type Name of Provider Representative  | Signature | Date            |
| Title   |           |                 |

|   |   |   |                                    |
|---|---|---|------------------------------------|
| Instructor Last Name  | First Name  | Middle Name                             | Instructor Number<br>(Leave Blank) |
| By what other names have you been known? If none, so state.   |   |   | Social Security Number<br>- -      |
| Home Street Address   |   |   |                                    |
| City  |   | State                                   | ZIP                                |
| Business Phone<br>( ) ext.  |   |   |                                    |
| List professional designations, insurance license (type, date, state):<br>_____<br>_____  |   |   |                                    |
| I have specialized experience in the following subject matter:  |   |   |                                    |
| Subject Matter  | Years Experience  | Designated Degree                       |                                    |
| _____   | _____   | _____                                   |                                    |
| _____   | _____   | _____                                   |                                    |
| _____   | _____   | _____                                   |                                    |
| Please indicate the category you are requesting for approval:   |   |   |                                    |
| <input type="checkbox"/> Annuity Suitability  | <input type="checkbox"/> Annuities and Securities       | <input type="checkbox"/> Property       | <input type="checkbox"/> Ethics    |
| <input type="checkbox"/> Flood – NFIP   | <input type="checkbox"/> Long Term Care Partnership Act | <input type="checkbox"/> Health         |                                    |
| <input type="checkbox"/> Life   | <input type="checkbox"/> Life/Health/Property/Casualty  | <input type="checkbox"/> Personal Lines |                                    |
| <input type="checkbox"/> Variable Life/Variable Annuity   | <input type="checkbox"/> Life Settlement                | <input type="checkbox"/> Casualty       |                                    |
| I attest that the information on this form is true and correct to the best of my knowledge and the information accurately represents my qualifications to teach insurance courses. I understand the information on this form is subject to verification through the audit process. I agree to abide by all Kentucky statutes, regulations, and program requirements regarding insurance and insurance continuing education and pre-licensing education. |   |   |                                    |
| Print/Type Name of Instructor   |   | Signature                               |                                    |

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## Kentucky Department of Insurance Instructions for Completing the Course Approval Application

Only courses that have been approved by Prometric may be offered for Kentucky credit. **No course may be conducted for credit until approval has been received in writing.**

**Kentucky participates in the NAIC Uniform CE Reciprocity Agreement and has extended the provisions of the agreement to all states. If you are a Provider in any state outside of Kentucky, you may submit course approval applications based on this reciprocity even though your state is not a formal participant.**

### Completing the Form

#### Provider Name

Print or type the full legal name of the organization providing the course.

#### Provider Number

Enter the Provider number assigned to your organization by Prometric. If your organization is applying now, leave this space blank.

#### Course Title

Enter the title (maximum 40 characters).

#### Course Number

Leave blank; Prometric will assign a number.

#### Course Type

Mark the format that will apply for this course. Classroom includes single- and multiple-session classroom courses, seminars, conferences, and conventions. Self-study courses are non-classroom courses that must be followed by an EXAM. Classroom, taught by other Providers, includes classes that were developed by one Provider, but will be taught by another Provider. Correspondence Towards Insurance Designation includes those insurance designations recognized by the Department. Call Prometric course evaluators if you have questions.

#### How Will This Course be Taught?

Check all the methods that will be used to teach this course. A lecture refers to a presentation given by a speaker on a specific insurance topic with some student interaction. A workshop generally has a discussion leader who may make a short presentation and usually will lead a discussion among participants or guide them through a hands-on exercise. A panel discussion will typically include two or more subject-matter experts discussing issues surrounding the topic; active participation by the students is usually encouraged. Video/teleconference is generally a presentation of a course using video multimedia transmitted to multiple locations at one time, or on videotape for viewing at a later date. **Videotape courses must be presented and/or facilitated by a registered instructor, whether viewed at interactive teleconference sites or at a later date.**

#### How Many Hours?

Enter the number of hours that the student will be required to attend class. A CE credit hour is defined as a **50-minute** period that the student is required to be in the classroom. (The extra ten minutes is to accommodate breaks.) Credits will be awarded based on the duration of the course and the percentage of the material that is approved. Pre-licensing courses consist of a 60-minute hour and must include 20 hours of instruction for each line of authority.

#### How Will Attendance Be Verified?

Providers of classroom courses must ensure that students attend the classes. Approved methods of ensuring attendance are (1) periodically calling the roll or visually verifying and recording on a written document that all students are present, (2) monitoring the exit and requiring students to sign in and sign out, or (3) using attendance tickets that are authenticated by an authorized representative of the Provider monitoring the exit. Indicate which method(s) you will use. Other methods must be approved by Prometric.

### **Do You Require an Examination for CE Credit to be Granted?**

Indicate whether or not an examination must be passed in order to receive CE credit for the class. An exam is required in order for credit to be granted for any self-study or correspondence course.

### **Provide Summary Description**

Summarize the content and scope of the course (minimum 50 words). This summary is required for all courses. The Kentucky Department of Insurance uses this information, along with Prometric, when reviewing courses. Provide the description in the space provided on the application, or on a page immediately following and identified as the summary description. Simply indicating "see attached" is not acceptable.

### **Comprehensive Outline**

Attach a comprehensive course outline providing details of what will be taught. Annotate this outline to provide the information necessary to evaluate the course properly. Specifically:

1. Divide the outline into sections of approximately 30 minutes each. List the minutes of instruction devoted to each section. The total number of minutes should equal the length of the course.
2. On the outline, highlight the segments that you believe qualify for Kentucky credit. At least 50 minutes of such content must be found in order for Kentucky credit to be awarded.
3. If this is an approved published course, include a copy of the table of contents with time annotations. If it is a multiple-session course such as CPCU or LUTC, time annotations are not necessary. Indicate how many sessions will meet and how long the sessions will be. Indicate which sessions are for review. Review sessions will not be approved for CE credit.
4. Include case studies with the outline. Credit will not be assigned for case studies without detail.

### **Has this Continuing Education course been previously approved by Prometric in another state?**

Indicate whether Prometric has approved this course for use in another state. If so, please provide the Prometric-issued course number.

### **Attestation**

Attest by signing that all of the information on the form and in the attachments is true and correct, to the best of your knowledge, and that this course will be conducted in accordance with all applicable program requirements established by the Department.

### **Attachments**

1. Annotated course outline. Case studies must be included, if applicable
2. Copies of all study materials and examinations for self-study courses
3. Course pamphlet/brochure is helpful, but not required
4. Course schedule for initial course offering, if known

### **Submission**

Send your application form, attachments, and a copy of the completed KYF-01 to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

Send your original completed KYF-01 with all applicable fees to:

**Kentucky Department of Insurance  
Education Section, Licensing Division  
P. O. Box 517  
Frankfort, KY 40602-0517  
OR Pay Fees through eServices**

The Kentucky Department of Insurance offers electronic services through their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>. All fees may be paid on this secured site. Electronic Check, Visa, MasterCard, Discover and American Express are accepted.

Kentucky Department of Insurance  
Continuing Education/Pre-Licensing Program

Course Approval Application

☐ **Continuing Education Course**

☐ **Pre-Licensing Course**

PLEASE PRINT OR TYPE. PHOTOCOPY AS NEEDED.

|   |   |  |
|---|---|--|
| Provider Name   |   | Provider Number  |
| Course Title (maximum 40 characters)  |   | Course Number (Leave Blank)  |
| <b>Course Type:</b><br><input type="checkbox"/> Self-Study<br><input type="checkbox"/> Classroom<br><input type="checkbox"/> Workshop/Seminar<br><input type="checkbox"/> Correspondence Towards Designation<br><input type="checkbox"/> Professional Association<br><input type="checkbox"/> Video/Audio<br><input type="checkbox"/> Teleconference<br><input type="checkbox"/> Computer Based Training (Classroom)<br><input type="checkbox"/> Computer Based Training (Correspondence) |   | <input type="checkbox"/> Correspondence<br><input type="checkbox"/> Webinar (Classroom)<br><input type="checkbox"/> Webinar (Correspondence)<br><br>For classroom only, how many contact hours will students be required to attend class to receive credit?<br>_____ |
| How will classroom attendance be verified? <i>(check all that apply)</i><br><input type="checkbox"/> Periodic Roll Call or Attendee Audit<br><input type="checkbox"/> Sign-in/out Sheet and Door Monitor<br><input type="checkbox"/> Attendance Ticket and Door Monitor<br>Other _____  |   | Do you require an examination for credit?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| Provide a summary description of the content and scope of the course below <i>(minimum 50 words)</i> :<br>_____<br>_____<br>_____   |   |  |
| For classroom courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.  |   |  |
| <b>Course Concentration Requested:</b><br><b>Please check all that apply. (Ethics course must be filed as separate course for Ethics credit to be granted.)</b>   |   |  |
| <input type="checkbox"/> Annuity Suitability (Federal Training Requirement)<br><input type="checkbox"/> Flood – NFIP<br><input type="checkbox"/> Life<br><input type="checkbox"/> Variable Life/Variable Annuity<br><input type="checkbox"/> Health<br><input type="checkbox"/> Personal Lines  | <input type="checkbox"/> Annuities and Securities<br><input type="checkbox"/> Long Term Care Partnership Act<br><input type="checkbox"/> General Insurance Principles<br><input type="checkbox"/> Life Settlement<br><input type="checkbox"/> Property<br><input type="checkbox"/> Casualty | <input type="checkbox"/> <b>Ethics (Must be filed as separate course)</b>  |
| Has this course been previously approved by Prometric in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If yes, provide Prometric-issued course number.  |
| I certify that the information on this form and all other supporting documentation accurately represents the course of instruction that will be offered. I agree to conduct this course in accordance with all applicable policies and program requirements established by the Kentucky Department of Insurance.  |   |  |
| Print/Type Name of Provider Representative _____  | Signature _____   | Date _____   |

Return this original completed form with course outline and timeframe, and/or course materials to:  
 Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236.  
 Send a copy of this form (no course attachments) with course filing fees (\$10.00 per course) and form KYF-01 to:  
 Kentucky Department of Insurance, P. O. Box 517, Frankfort, KY 40602-0517

|   |
|---|
| <b>SAMPLE ACCEPTABLE COURSE OUTLINE</b> |
|---|

**DIRECTORS' AND OFFICERS' LIABILITY**

|            |               |  |
|------------|---------------|--|
| 25 minutes | 8:30 – 8:55   | I. Recent history of D&O liability exposure <ul style="list-style-type: none"><li>A. Trends in D&amp;O claim frequency and severity</li><li>B. Major problem areas<ul style="list-style-type: none"><li>1. Federal securities laws</li><li>2. Mergers/acquisitions</li><li>3. Pollution claims</li><li>4. Financial institutions claims</li><li>5. Third-party claims</li></ul></li><li>C. Recent large settlements and judgments</li></ul>  |
| 25 minutes | 8:55 – 9:20   | II. Legal concepts underlying the D&O exposure <ul style="list-style-type: none"><li>A. Basic legal duties of Directors and Officers<ul style="list-style-type: none"><li>1. Duty of obedience</li><li>2. Duty of loyalty</li><li>3. Duty of care</li></ul></li><li>B. To whom duties are owed</li><li>C. Common defenses</li><li>D. Recent legislation limiting director liability</li></ul>  |
|            | 9:20 – 9:30   | BREAK  |
| 50 minutes | 9:30 – 10:20  | III. Common exclusions <ul style="list-style-type: none"><li>A. Public policy exclusions<ul style="list-style-type: none"><li>1. Dishonesty</li><li>2. Gaining an illegal profit or advantage</li><li>3. Section 16(b) of the Securities Exchange Act</li><li>4. Return of excessive remuneration</li></ul></li><li>B. Intended to be covered elsewhere<ul style="list-style-type: none"><li>1. Libel and slander</li><li>2. Nuclear energy</li><li>3. Employment practice</li></ul></li></ul> |
|            | 10:20 – 10:30 | BREAK  |
| 50 minutes | 10:30 – 11:20 | IV. Case study<br>Review of ABC Corporation's stockholder lawsuit alleging mismanagement by the corporation's board of directors and senior management. Study includes review of facts, company's defense and participation in defense by the insurer.   |

**Reasons for acceptability:**

1. Sufficient detail on subject matter covered.
2. Sufficient detail on amount of time spent on each topic.
3. Insurance policy content is a topic that qualifies for credit.
4. Breaks are noted on the outline. Ten minutes per hour of instruction are recommended.
5. Case study is described. It is useful to include the case study materials with the outline.

|   |
|---|
| <b>SAMPLE UNACCEPTABLE COURSE OUTLINE</b> |
|---|

**ADVANCED WORKERS' COMPENSATION SEMINAR**

- |                       |  |
|-----------------------|--|
| 8:00 a.m. – noon      | I. Introduction  |
|                       | II. Policy coverages   |
|                       | A. Benefits to injured workers   |
|                       | B. Employer liability  |
|                       | III. Writing workers compensation coverages with Middle Atlantic Life and Casualty |
|                       | A. Sales support to agents   |
|                       | B. Price and service comparisons to competitors                                    |
|                       | IV. Use of technology by agents to service clients                                 |
|                       | A. Wonder Wizard Claim Reporting Software  |
|                       | B. Visit the Middle Atlantic Life and Casualty interactive Website                 |
| Working luncheon      |  |
| Noon – 1:00 p.m.      | V. Reserving   |
| 1:00 p.m. – 4:00 p.m. | VI. Loss control activities  |
|                       | VII. Case studies  |
|                       | VIII. Panel discussion with experts  |

**Deficiencies in this outline:**

1. Insufficient detail on subject matter covered.
2. Insufficient detail on amount of time spent on each topic.
3. Sales and marketing topics are not eligible for credit.
4. Company-specific procedural or marketing content is not eligible for credit.
5. Training for office technology or use of the Internet is not eligible for credit.
6. Course material may not be presented concurrently with meals.
7. Where case studies are used, a description of the case study must be included with the course outline.
8. Where panel discussions are used, a description must be provided along with a description of the topic(s) to be addressed and backgrounds of the panel members.
9. Breaks are not noted on the outline.

**Kentucky has extended the provisions of the NAIC Uniform CE Reciprocity Agreement to all states, including those not yet formally participating.**

To obtain Kentucky approval, based on continuing education course reciprocity, you must complete all of these steps:

1. Be approved as a provider in your state of domicile.
2. Receive course approval from your Home State. This may either be a letter of approval or the stamped approved application form that was filed in the resident state.
3. Be approved as a Kentucky Provider. This is a separate application that must be completed before you can apply for course approval. This is a one-time approval and can be done concurrently with the submission of the first course(s).
4. Complete the NAIC Uniform Continuing Education Filing Form for each course.
5. Submit a photocopy of the NAIC Uniform Continuing Education Reciprocity Course Filing Form approved by your home state.
6. Submit a copy of the course outline for classroom courses or the table of contents for self-study courses.
7. The course approval document must identify the instructor(s) as being approved, or you must submit the Form CE/PL-200 with the filing fee so that Prometric may review the instructor's qualifications for approval.
8. Pay the \$10 course filing fee, plus the \$10 per credit hour accreditation fee for each course, and \$5 instructor registration fee to the Kentucky Department of Insurance.

**Do not send fees to Prometric**

Send applications (not fees) to:

**Prometric Operations Center  
ATTN: Continuing Education Processing  
7941 Corporate Drive  
Nottingham, MD 21236**

No other attachments are required. Kentucky is not required to accept any topic, provider or instructor that is not eligible for approval under its laws and regulations.

**NAIC UNIFORM CONTINUING EDUCATION RECIPROCITY COURSE FILING FORM**  
*Please clearly print or type information on this form. Thank you for helping us promptly process your application.*  
**Provider Information**

|  |  |                                  |  |                             |   |                     |                                |
|--|--|----------------------------------|--|-----------------------------|---|---------------------|--------------------------------|
| Provider Name  |  |                                  |  | Federal Tax ID # (FEIN/SSN) |   |                     |                                |
| Contact Person   |  | E-mail Address of Contact Person |  |                             | Is Provider an Insurer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                                |
| Phone Number<br>(     )     -     ext.   |  | Fax Number<br>(     )     -      |  | Home State                  | Home State<br>Provider #  | Reciprocal<br>State | Reciprocal<br>State Provider # |
| Mailing Address  |  |                                  |  | City                        |   | State               | ZIP                            |
| <b>I agree to file this course in my Home State to receive Reciprocity in other states. The only time a Provider is allowed to file in a state other than its Home State is if the home state has restriction by law on the number of course credit hours.</b> |  |                                  |  |                             |   |                     |                                |

**Course Information**

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| Course Title   |  |  |  | Is this course open to Public?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              |  |  |  |
| <b>Method of Instruction</b>   |  |  |  | <b>*National Course*</b>  |  |  |  |
| <b>Self-study</b><br><input type="checkbox"/> Correspondence<br><input type="checkbox"/> On-line Training (self-study)<br><input type="checkbox"/> Teleconference<br><input type="checkbox"/> Video/Audio/CD/DVD<br><input type="checkbox"/> Other _____ |  | <b>Classroom</b><br><input type="checkbox"/> Seminar/Workshop<br><input type="checkbox"/> On-line Training (facilitated)<br><input type="checkbox"/> Other _____ |  | <b>National Insurance Designation?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Designation Type: |  |  |  |
|  |  |  |  | <b>Course offered by Higher Education Institution?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No      |  |  |  |
| <b>Examination Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |

**Credit Hours Requested and Course/Hours Decision**

| Course Concentration                                    | Hrs. Requested by Provider |           | Hrs. Approve by Home State |           | Hrs. Approved by Reciprocal State |           |
|---|----------------------------|-----------|----------------------------|-----------|-----------------------------------|-----------|
|   | Sales/Mktg                 | Insurance | Sales/Mktg                 | Insurance | Sales/Mktg                        | Insurance |
| <b>A. Insurance Topics:</b>                             |                            |           |                            |           |                                   |           |
| Accident/Health   |                            |           |                            |           |                                   |           |
| Casualty  |                            |           |                            |           |                                   |           |
| Ethics  |                            |           |                            |           |                                   |           |
| General Insurance Principles                            |                            |           |                            |           |                                   |           |
| Insurance-related Laws                                  |                            |           |                            |           |                                   |           |
| Life  |                            |           |                            |           |                                   |           |
| Long Term Care  |                            |           |                            |           |                                   |           |
| Personal Lines  |                            |           |                            |           |                                   |           |
| Property  |                            |           |                            |           |                                   |           |
| Variable Life and Annuity                               |                            |           |                            |           |                                   |           |
| Viatical Settlement                                     |                            |           |                            |           |                                   |           |
| Other   |                            |           |                            |           |                                   |           |
| <b>Total Hours</b>                                      |                            |           |                            |           |                                   |           |
| <b>B. Adjuster Topics (Total Hours)</b>                 |                            |           |                            |           |                                   |           |
| Approval/Disapproval date                               |                            |           |                            |           |                                   |           |
| Course number assigned (if course is approved)          |                            |           |                            |           |                                   |           |
| Course approval expiration date (if course is approved) |                            |           |                            |           |                                   |           |
| Home State disapproval reason (if disapproved):         |                            |           |                            |           |                                   |           |
| Signature of Home State Representative:                 |                            |           |                            |           |                                   |           |
| Reciprocal State disapproval reason (if disapproved):   |                            |           |                            |           |                                   |           |
| Signature of Reciprocal State Representative:           |                            |           |                            |           |                                   |           |

*See State Matrix for Instruction Sheet and State Specific Fee Schedule*

## Roster Reporting Information

**Rosters must be submitted electronically to the Kentucky Department of Insurance through eServices Provider account, within thirty (30) days of the course completion date.**

Accuracy in roster submission is essential. Key entry errors or transpositions in SSN numbers, DOI numbers, or National Producer Numbers result in the need for corrections and delay in credits being recorded for licensees.

**Course completion must be reported within 30 calendar days after completion. 806 KAR 9:220, Section 6**  
**Providers are required to retain original course rosters for at least 5 years. Providers are no longer**  
**required to mail course rosters to DOI.**

**Pre-Licensing and Continuing Education Attendance Rosters should be entered through eServices Provider account.**

When submitting rosters for the same completion dates and courses, be sure to indicate the separate courses and the appropriate instructors.

### Instructions for Roster Reporting

#### General

Information on the Roster (form CE-300), must be typed or CLEARLY printed. For rosters that exceed one page, only the course number, course completion date, and Provider number are needed in the Provider information section after the first page.

#### Completing the Roster

##### Provider Number

Enter your Kentucky Provider number.

##### Provider Name

Enter the name of your organization. This field, and the course name, are secondary identifiers. The primary identification fields are the Provider number and course number. Be especially careful to complete them accurately.

##### Course Number

Enter your Kentucky course number.

##### Course Title

Enter the course title.

##### Course Completed

Enter the date the course was completed.

##### Instructor Name and Signature

You must include the name of an approved instructor. The instructor must sign the Roster. Failure to include the instructor's signature will result in rejection of the Roster.



**KY DOI number or National Producer Number (NPN)**

Enter the individual's KY Department of Insurance (DOI) number, or National Producer Number (NPN). Licensees failing to provide an identification number will not be granted CE credit.

**Producer Name**

Enter last name, first name, and middle initial, as space permits. As with Provider and course names, the licensee's name is a secondary identifier in case the individual's identification number is not accurate.

**Producer Signature**

Attendees must sign in and sign out on the roster.

**NOTE:** Please verify that all licensees listed on the Roster were in attendance and have signed in and signed out appropriately.

**Submission**

**Roster submissions must be made through Providers' eServices access**

**No fees are required for roster submission.**

**Original Course Rosters must be retained by the Provider for at least 5 years.**

For confirmation of credit, visit the Kentucky Department of Insurance Website at: <http://insurance.ky.gov> after the Roster has been submitted.

**The Kentucky Department of Insurance offers electronic services through eServices at <http://insurance.ky.gov>**

## **Kentucky Department of Insurance**

### **Instructions for Completing the Course Offering Schedule**

Complete schedules are required for all classes presented for Kentucky Pre-licensing or Continuing Education credit. Schedules are used for course audits and for comparing schedule date to course completion date.

**Report all course offerings to Prometric prior to conducting the course. Notify Prometric immediately of course offering changes or cancellations; this notification must be done before the class.**

**You can enter, edit and view course offering schedule information on Prometric's Website:**  
**[www.prometric.com](http://www.prometric.com).**

Failure to report scheduled classes or to report changes may result in noncompliant audit findings which can affect Provider status with the Kentucky Department of Insurance.

#### **Changes or Cancellations**

It is often convenient for the Provider to indicate cancellations or changes on a copy of the form originally used for reporting the class that is now being changed. If using this method, include a copy of the original schedule and clearly indicate that changes have been made.

#### **Completing the Form**

The Schedule Form on page 25 asks for all the information required. Please fill it in completely; a cover letter is unnecessary. Schedule information may, at the discretion of Prometric, be accepted in another format. At all times, the Provider must provide all of the information listed on the schedule form.

#### **Provider Information**

Leave Provider number blank if this is your first course submission.

#### **Course Number**

Use the course number assigned by Prometric. If you are including this form with a new course submission, leave the course number blank.

#### **Course Title**

Use the same course name used on your course application or approval.

#### **Location**

Indicate city, state, complete street address with suite number, building name, if applicable, and ZIP code. If the course will be held in a hotel or restaurant, indicate the name of the hotel or restaurant. If the course will be held at an agency or insurance company, give the name of the firm where the course will be held.

#### **Schedule**

Indicate the dates held and beginning and ending times for the courses. If the course is part of a longer training session including non-approved material, indicate only the time for the approved section. Weekly classes must give day of week, number of sessions, beginning and ending dates, and any dates class will not be held.

#### **Contact Person and Phone**

The contact person at the location is often the instructor or registrar/door monitor. Indicate the phone number at the location of the class, not the Provider's Department phone.

**Kentucky Department of Insurance Continuing Education or Pre-licensing  
Course Offering Schedule**

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Provider's Contact Person \_\_\_\_\_

Voice Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**You can enter and edit course offering schedule information at: [www.prometric.com](http://www.prometric.com) without using this form.**

| <b>Course<br/>Number</b> | <b>Course Title</b> | <b>Location of Course</b><br><i>(Complete address with room name and<br/>number. Include building name and/or<br/>name of business, city, state and ZIP<br/>code)</i> | <b>Schedule</b><br><i>(Dates held and beginning<br/>/ending times for<br/>approved segments)</i> | <b>Contact Person and Phone<br/>Number at Location</b> |
|--------------------------|---------------------|---|--|--|
|                          |                     |   |  |  |
|                          |                     |   |  |  |
|                          |                     |   |  |  |
|                          |                     |   |  |  |
|                          |                     |   |  |  |
|                          |                     |   |  |  |

***Use this form to notify Prometric of all classroom course offerings, photocopy as needed.***

Include this form with new course submissions, leaving the course number blank.

Schedules for subsequent course offerings or schedule changes must be received **at least 5 days in advance** of conducting the course.

Notify Prometric **immediately** if a reported course offering is changed or canceled.

**MAIL TO:** Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236 **or** **FAX TO:** 800.735.7977

KYCOS-01 (7/2013)

# Kentucky Department of Insurance

## Fee Worksheet

**All fees are sent to the Kentucky Department of Insurance. Do not send fees to Prometric.**

This form is for convenience in preparing submissions and is not required. Use this sheet to determine what fees are required and complete the form KYF-01.

Mail the original KYF-01 with fees (payable to the Kentucky State Treasurer) to the Kentucky Department of Insurance, Education Section, P.O. Box 517, Frankfort, KY 40602-0517.

**Fees may also be paid on Kentucky's Internet Secured Online Information Site:**  
<https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>.

|   | <u>Number</u>                | <u>Sub-total</u> |
|---|------------------------------|------------------|
| <b>Course Fees</b>  |                              |                  |
| CE Course Filing Fee  | _____ @ \$10                 | \$ _____         |
| CE Course Credit Fee*   | _____ @ \$10 per credit hour | \$ _____         |
| CE Course Renewal Fee*  | _____ @ \$5 per credit hour  | \$ _____         |
| <br>Pre-Licensing Filing Fee                                    | <br>_____ @ \$10             | <br>\$ _____     |
| Pre-Licensing Course Renewal Fee                                | _____ @ \$50                 | \$ _____         |
| *\$10 per course filing fee, plus \$10 per credit hour approved |                              |                  |
| <b>Instructor Fees</b>  |                              |                  |
| CE Instructor Registration                                      | _____ @ \$5                  | \$ _____         |
| CE Instructor Renewal Fee                                       | _____ @ \$5                  | \$ _____         |
| <br>Pre-Licensing Instructor Fee                                | <br>_____ @ \$5              | <br>\$ _____     |
| Pre-Licensing Instructor Renewal Fee                            | _____ @ \$5                  | \$ _____         |
| <b>TOTAL</b>  |                              | <b>\$ _____</b>  |

**One payment may be submitted to cover all fee types.**

**Make checks payable to Kentucky State Treasurer.**

The Kentucky Department of Insurance offers electronic services through their Internet Secured Online Information Site: <https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>.  
 All fees may be paid on this secured site. Electronic Check, Visa, MasterCard, Discover and American Express are accepted.

**Do not send fees to Prometric**



## Department Use Only

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check # \_\_\_\_\_

Posted by: \_\_\_\_\_

# KENTUCKY DEPARTMENT OF INSURANCE AGENT LICENSING DIVISION

P.O. Box 517 - Frankfort, KY 40602-0517

(502) 564-6004

<http://insurance.ky.gov>

## FILING FEE SUBMISSION FORM

This form **must be completed** and sent with fees payable to the Kentucky State Treasurer, in order for courses and/or instructors to be eligible for review. A duplicate of this completed form **must** be attached to form CE/PL-100 with course material, or CE/PL-200 and mailed to Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236.

DATE MATERIAL SUBMITTED TO PROMETRIC \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_

KY PROVIDER # PR \_\_\_\_\_ PROMETRIC PROVIDER #S \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-MAIL \_\_\_\_\_

### FILING FEES ATTACHED TO REQUEST REVIEW OF THE FOLLOWING COURSES:

INDICATE TITLE OF COURSE(S):

- (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_  
 (5) \_\_\_\_\_

### COURSE TYPE:

- ☐ CE ☐ PL  
☐ CE ☐ PL  
☐ CE ☐ PL  
☐ CE ☐ PL  
☐ CE ☐ PL

CE=CONTINUING EDUCATION; PL=PRE-LICENSING (FEE REQUIRED FOR EACH COURSE TYPE)

### FILING FEES ATTACHED FOR REVIEW OF THE FOLLOWING INSTRUCTORS:

| INSTRUCTOR NAME | SS# | COURSE TYPE   | INSTRUCTOR NAME | SS# | COURSE TYPE   |
|-----------------|-----|---|-----------------|-----|---|
| 1.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL | 5.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 2.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL | 6.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 3.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL | 7.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 4.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL | 8.              |     | <input type="checkbox"/> CE <input type="checkbox"/> PL |

### CONTINUING EDUCATION FILING FEES:

Each new course - \$10.00  
 Each new instructor - \$5.00

### PRE-LICENSING FILING FEES

Each new course - \$10.00  
 Each new instructor - \$5.00

Fees must be made payable to the Kentucky State Treasurer, and sent to the Kentucky Department of Insurance, Agent Licensing Division, P.O. Box 517, Frankfort, KY 40601, with this form completed in full.

CE/PL-100 with course material and/or CE/PL-200 with Instructor information must be mailed to Prometric Operations Center, 7941 Corporate Drive, Nottingham, MD 21236, with a copy of this form showing fees are paid.

You will receive an invoice from Prometric for qualifying courses in the amount of \$5.00 per credit hour awarded.

Payments must be payable to: Kentucky State Treasurer Mail to: Kentucky of Insurance, Agent Licensing Division, PO Box 517, Frankfort, KY 40602. Copy of Prometric's invoice must be included to ensure proper credit. **OR you may pay fees through eService Provider Account at <https://insurance.kv.gov/kentucky/secured/Eservices/default.aspx>.**

ENCLOSED FIND CHECK # \_\_\_\_\_ (PAYABLE TO KENTUCKY STATE TREASURER)

IN THE AMOUNT OF \$ \_\_\_\_\_, ISSUE DATE \_\_\_\_\_ SIGNED BY \_\_\_\_\_